



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 7654

Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/640,750 | FILING DATE<br>08/18/2000<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>1960.213 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

Thomas R. Marotta, North Vancouver, BC, CANADA;

Donald R. Ricci, Vancouver, BC, CANADA;

## \*\* CONTINUING DATA \*\*\*\*\*

None *DA*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *DA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/06/2000

|   |  |                               |                       |                            |
|---|--|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>BC                  | SHEETS<br>DRAWING<br>9        | TOTAL<br>CLAIMS<br>30 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                               |                       |                            |
| Verified and Acknowledged   | Examiner's Signature<br><i>[Signature]</i> | Initials<br><i>[Initials]</i> |                       |                            |

## ADDRESS

05514

FITZPATRICK CELLA HARPER &amp; SCINTO

30 ROCKEFELLER PLAZA

NEW YORK, NY

10112

## TITLE

Endovascular prosthesis

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>435 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|